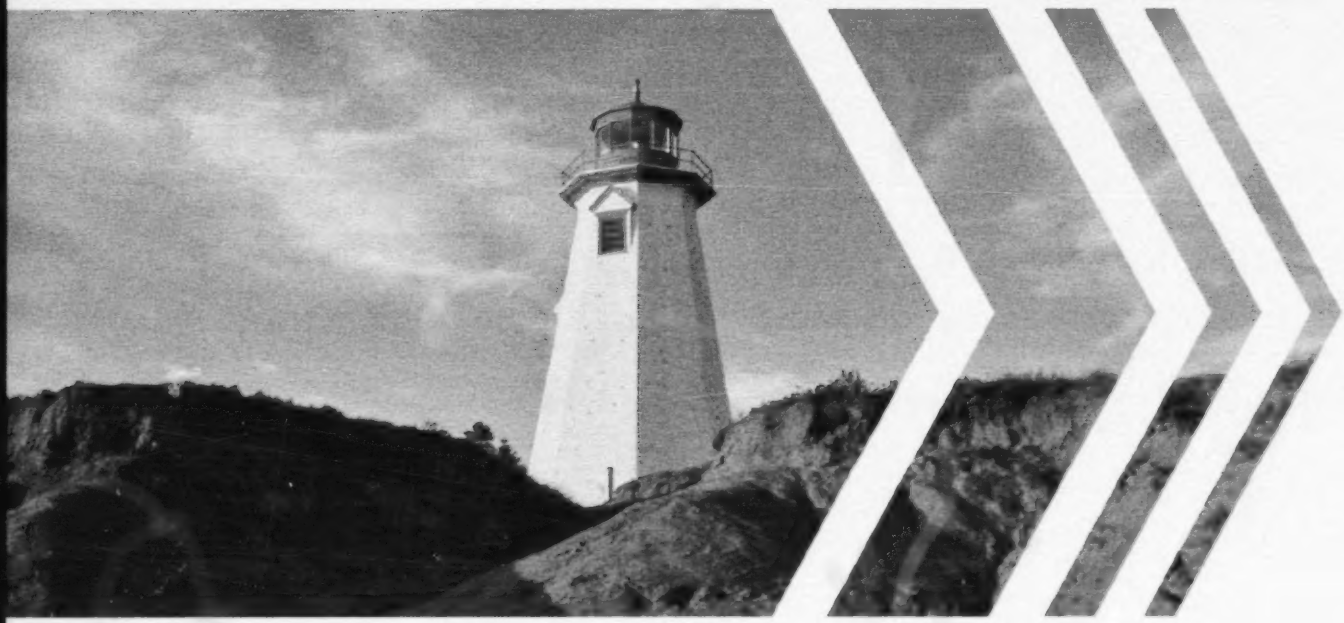
Prince Edward Island | 2016 – 2026

Prince Edward Island
CANADA

Mental Health and Addiction Strategy



Moving Forward Together

MESSAGE from Ministers

IT IS WITH GREAT PLEASURE WE PRESENT *Moving Forward Together*, Prince Edward Island's Mental Health and Addictions Strategy, covering the period 2016 to 2026.

Moving Forward Together offers a comprehensive approach to transforming the mental health system through a clear vision, interconnected strategic priorities and long-term strategies for change.

In Prince Edward Island we have never seen a greater need for organizations and professionals working in the field of mental health. The pressures and challenges faced by many in our society are significant and increasing, and more people are experiencing mental ill-health.

We will only be able to achieve our goals with an integrated approach, strong leadership and accountability. By acting together, we can transform services so that all Islanders will have equal opportunity to achieve and maintain the best possible mental health and well-being.

Our social deputies will oversee this strategy and ensure it is implemented collaboratively, all across government. Moving Forward Together will be government's guidepost for decision making in the area of mental health and addictions over the coming decade.

Working together, Prince Edward Island can be a province where all people have the opportunity to thrive, enjoy good mental health and well-being throughout their lifetime – and where people with mental illness or addictions can recover and participate in welcoming, supportive communities. So let's start *Moving Forward Together*.

Sincerely,

Robert L. Henderson, *Minister*
Health and Wellness

H. Wade MacLauchlan, *Premier*
and *Minister of*
Justice and Public Safety

Doug W. Currie, *Minister*
Education, Early Learning
and Culture

Tina M. Mundy, *Minister*
Family and Human Services

PEI MENTAL HEALTH AND ADDICTION STRATEGY – OVERVIEW

MOVING FORWARD TOGETHER

Will guide the direction of the PEI mental health system and services over the next 10 years (2016 to 2026). Mental health includes substance use disorders and addictions

GUIDING PRINCIPLES

Apply to all work done

- Everyone has a role to play in mental health
- People can and do recover; and recovery is a unique and personal process
- The system is organized with and around the needs of people and their families
- Culturally safe and competent programs and services are available to everyone
- Services are delivered using the best available knowledge, and are informed by ongoing monitoring, and evaluation
- The prevention of mental illness and the promotion of mental health is a key focus
- There is effective use of resources at all times

OVERALL GOALS

To frame and focus efforts

- People get the right amount of support that matches their need and wait times for appropriate care will be reduced
- People and their families receive services and support that is designed around them and their needs
- A person's recovery is supported at every point of contact
- Mental health problems and illnesses will be recognized early, in people of all ages
- More collaboration within government and between government and community will occur to promote mental health
- Stigma and discrimination will be eliminated
- Mental health outcomes for specific diverse population groups will improve

VISION

All people living in Prince Edward Island will have the equal opportunity to achieve and maintain the best possible mental health and well-being throughout their lifetime

FIVE INTERCONNECTED STRATEGIC PRIORITIES

Mental Health Promotion for People of all Ages

Access to the right service, treatment, and support

An innovative and collaborative workforce

Invest early – focus on children, young people and families

Foster recovery and well-being for people of all ages

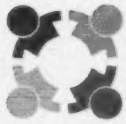
KEY TO SUCCESS

To achieve the vision

- Many economic and social factors impact mental health and the overall health of communities; and solutions cannot be just the responsibility of the health system
- To have long-term impact and affect recovery, mental health should be prioritized in many government department budgets
- Change will occur through collective action; and collaboration between government departments, agencies, and community organizations is key to service quality, accessibility, and sustainability
- The mental health of the population is a shared responsibility and depends on everyone supporting each other
- Governance, performance monitoring and accountability of the Strategy are key

STRATEGIC PRIORITIES - WHAT THEY ARE ABOUT

INVEST EARLY – FOCUS ON CHILDREN, YOUNG PEOPLE, AND FAMILIES



- Investing in the mental health of children, young people, and families - from mental health promotion and early intervention, to treatment and recovery
- Providing children and families with the tools they need to build resilient communities
- Providing children and young people with fast, easy access to evidence-based collaborative care close to home

AN INNOVATIVE AND COLLABORATIVE WORKFORCE

- Leadership and workforce development throughout the entire system
- Enabling evidence based-practice and providing training when necessary
- Recruitment and retention of a skilled workforce
- Development of core competencies within a formal system of clinical supervision
- A flexible and effective workforce in a system that rapidly responds to identified priorities

ACCESS TO THE RIGHT SERVICE, TREATMENT, AND SUPPORT

- Timely access to evidence-based care from the most appropriate care provider based on a person's need
- The mental health system as a whole being collaborative and well integrated so that people can easily move between services when necessary
- Addressing critical gaps in services and supports, and strengthening services in the community
- Making the best use of resources and getting the best possible outcomes for people

MENTAL HEALTH PROMOTION FOR PEOPLE OF ALL AGES

- Investing in both universal and targeted evidence-based mental health promotion and illness prevention initiatives
- People from all sectors of society working together to address the determinants of mental health
- Building healthy and resilient communities by enhancing the value of mental health at all levels of society
- Protecting, maintaining and improving mental health through legislation, policy and practices that support and promote the mental health of the population

FOSTER RECOVERY AND WELL-BEING FOR PEOPLE OF ALL AGES

- Designing and organizing the system to support and sustain people in their recovery
- Supporting and strengthening the role of people, families, and communities in the design of services and supports at all levels
- Empowering people and families to make choices and decisions about their own mental health care
- People feeling accepted and respected in every setting and every situation
- All people having the same level of services and supports that are most appropriate for them given their unique culture and circumstance
- Strengthening the role of the community in the mental health of the population

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THE IMPORTANCE OF INVESTING IN MENTAL HEALTH

MENTAL HEALTH is an essential part of a person's overall health and is more than the absence of mental illness[1]. Good mental health helps people cope with the normal stresses of life, work productively, and contribute to their community; it can even help to reduce a person's risk of developing mental illness (WHO, 2001). There are many different kinds of mental health problems and illnesses ranging from those that are more common such as anxiety and depression to those that are less common and potentially more serious such as schizophrenia and bipolar disorder (MHCC, 2012a).

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In any given year, 20% of Canadians are living with mental illness. By the age of 40 nearly 50% of Canadians will have experienced a mental illness (MHCC, 2013). When families and caregivers are also considered, then mental illness impacts almost everyone in some way. Given these statistics, it is not surprising that Prince Edward Island (PEI) and many other parts of Canada are struggling to meet the increasing need for mental health and addiction services. Investing wisely in the overall mental health system including mental health promotion and illness prevention, early intervention, timely access, and recovery, can make a significant difference to the economy and the health of the population (MHCC, 2013).

This strategy is a working document that provides a plan for the future direction. It aims to set the stage for a future where everyone plays their part in protecting and improving mental health. It is founded on the knowledge that an individual's mental health and that of the population as a whole, plays a critical role in a well-functioning and productive society. It sets out a vision that:

All people living in Prince Edward Island will have the equal opportunity to achieve and maintain the best possible mental health and well-being throughout their lifetime

To achieve the vision, it is recognized that:

- Many economic and social factors (e.g., poverty, social and cultural isolation, inadequate housing, family violence, exposure to trauma, etc) impact mental health and the overall health of communities; and solutions cannot be solely the responsibility of the health system
- To have long-term impact and affect recovery, mental health funding needs to be prioritized in many government department budgets such as housing, education, justice, and how government funds necessary non-profit/community services
- Change must occur through collective rather than isolated actions. Government departments, agencies, and community organizations have complementary mental health mandates and common agendas, and collaboration is key to service quality, accessibility, and sustainability
- People who experience, or are at risk of experiencing, mental health and substance abuse problems must be partners in their care
- The mental health of the population is a shared responsibility and depends on everyone (government, community, private sector, people) rising to the challenge and seizing opportunities to support each other

[1] This Strategy views substance related and addictive disorders as mental health conditions.

What Was Heard

Throughout the consultation process, a range of issues impacting people and service providers were identified. The themes, listed below, are the lived experience of people living with a mental health problem or illness, their families, and the service providers who feel constrained by the systems they work within.

GAPS	Government departments and agencies are not working together as much as they should be; and services are often fragmented and difficult to navigate, particularly for people with complex needs There needs to be a much greater focus on evaluation and the provision of evidence-based services There is an over reliance on psychiatry as a first point of access for mental health care Recovery practices are not yet firmly embedded in services and supports
UNMET NEED	There is a lack of formal advocacy mechanisms for vulnerable groups (e.g., children and people with mental health problems and illnesses) There are human resource challenges including: recruitment, retention, training and supervision supports, service providers working to full scope of practice, gaps in programs and services There are infrastructure challenges including buildings and spaces to offer care There is a significant unmet need in the area of affordable housing and supported housing Some wait times are too long which means people cannot access help when they look for it
FUNDING	Greater coordination of current and expansion of community sector partnerships is required There does not seem to be a well standardized protocol for who receives out-of-province care
PREVENTION AND PROMOTION	There is not enough attention focused on addressing some key determinants of mental health (e.g., liveable income, housing, affordable medications) More effort and focus on mental health promotion and illness prevention, harm reduction, and early intervention is needed, particularly in the area of youth People with mental health problems or illness experience stigma and discrimination

Strategy development

Moving Forward Together - Prince Edward Island's Mental Health and Addiction Strategy (this document) outlines the high-level direction for the PEI mental health system over the 10 years from 2016 to 2026. It identifies some of the challenges the system faces; describes anticipated outcomes; and identifies five strategic priorities that will be the focus of the next 10 years.

This Strategy identifies some of the challenges the system faces; describes anticipated outcomes; and identifies five strategic priorities that will be the focus of the next 10 years.

The Mental Health and Addictions Advisory Council Report laid the foundation for this Strategy. The Advisory Council was made up of people with lived experience and professional experience in mental health and addictions (see Appendix B for list of members). It was a culmination of 18 months of consultation, and review of current evidence and literature. This report identified specific issues and gaps in the system, as well as opportunities for improvement.

The next step, and following on from this Strategy, government will be expected to present a Mental Health and Addiction Action Plan for 2016-2018 that identifies specific areas for action over the next 24 months to make the Strategy vision happen. This action plan will be periodically updated over the 10 year lifetime of the Strategy.

A few things to note when reading this document

Right now within the field of mental health there is some debate about the use and meaning of certain terminology. Terms can be interpreted differently, so for clarity key words are defined within the Glossary (Appendix C). It is important to note that the definitions used are intended only for the purposes of providing meaning to the context of this document.

There are many different kinds of mental health problems and illnesses. Taking its lead from the Mental Health Commission of Canada (MHCC) this Strategy does not draw a line between mental health 'problem' and 'illness', and uses the term 'mental health problems and illnesses' to be inclusive and respect a wide range of views (MHCC, 2012a).

The word 'system' is use often in this Strategy. Here 'system' refers to all involved and connected to the delivery of mental health programs and services. It includes multiple government departments, agencies, and community organizations.

Finally, this document aligns with the view that substance related and addictive disorders are mental health conditions. Therefore, when the term 'mental health problems and illness' is used it includes substance use disorders and addictions.

VISION

All people living in Prince Edward Island will have the equal opportunity to achieve and maintain the best possible mental health and well-being throughout their lifetime.

OVERALL GOALS

These are overall goals of the Strategy; they are intended to frame and focus efforts:

- People who have mental health and addiction difficulties will receive the right support that matches their need and wait times for appropriate care will be reduced
- People and their families will experience services and supports that are designed around them and their needs, and their recovery will be supported at every point of contact
- For people of all ages, mental health and addiction difficulties will be recognized early and treated appropriately
- More people will experience good mental health as a result of cross government and community collaboration that supports protective factors known to affect or promote good mental health (e.g., social inclusion, liveable income, employment, education, adequate housing)
- To raise awareness, prevent mental illness, promote mental health and well-being, and eliminate stigma and discrimination
- Improved mental health outcomes for specific diverse populations (e.g., First Nations, Metis, Inuit, people in conflict with the law, refugees, etc)

GUIDING PRINCIPLES

These principles will guide the Strategy and its implementation, and apply to all the work that is done:

Care, treatment and supports are delivered and organized with and around **the needs of the person and their family**

Culturally safe and competent programs and services are available to everyone

People can and do recover; each person can live a meaningful and satisfying life in the presence or absence of symptoms; recovery is a unique and personal process

Changes, improvements, and service delivery will be grounded in the **best available knowledge and practices, informed by ongoing monitoring and evaluation**

Everyone has a role to play in promoting and supporting people to be well, cope with and recover from illness

Efforts to create healthy living and working conditions, including strengthening social support and reducing isolation and loneliness is essential to **promoting positive mental health and preventing mental illness**

Effective use of current resources at all times

FIVE INTERCONNECTED STRATEGIC PRIORITIES

Building upon the guiding principles, five strategic priorities are identified (Figure 1). These priorities are interconnected and will be further discussed in the sections that follow. The goal is a system that matches people's needs with the best use of skills and resources; and is integrated and cohesive, working in the best interests of all people. Within each area priorities are identified as well as anticipated outcomes. It is recognized that changes take time to implement and not everything can be addressed at once. This strategy will also be strongly linked to other provincial strategies, plans, and initiatives.

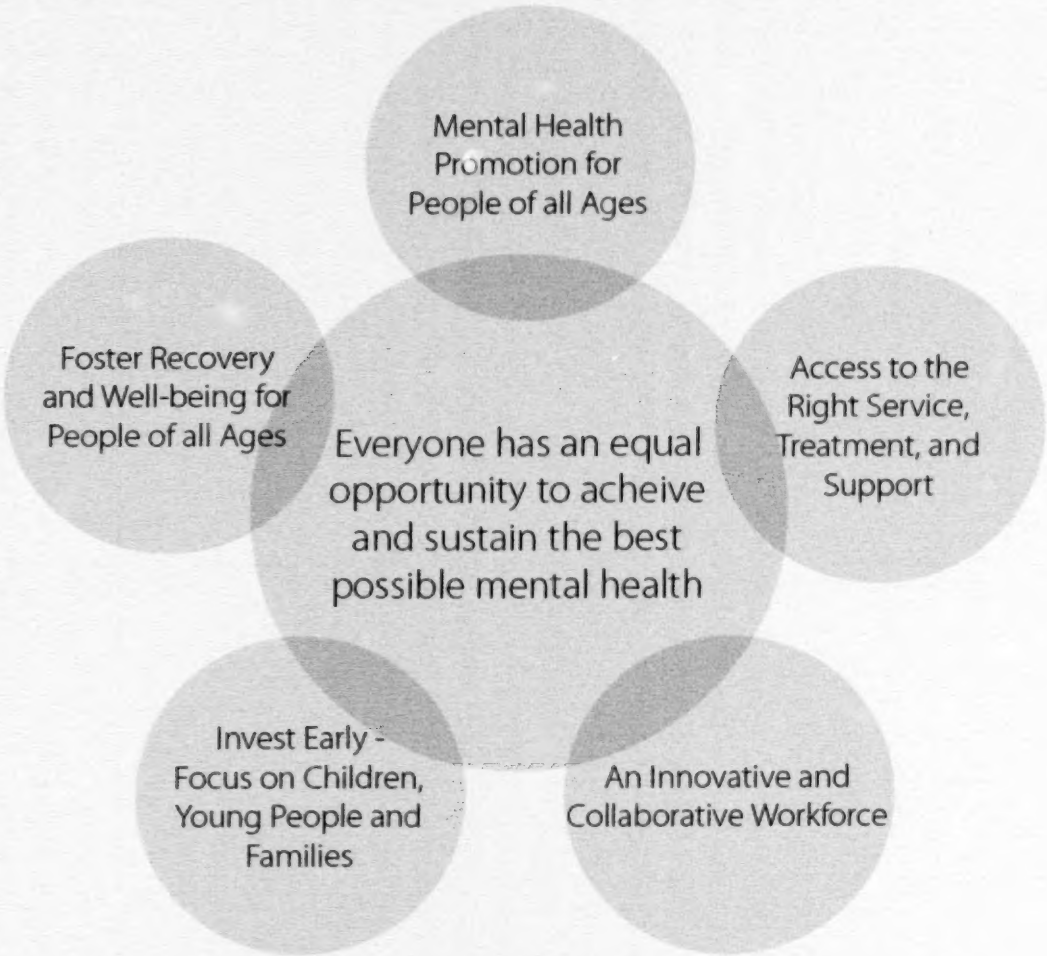

Mental Health Promotion for People of all Ages
Foster Recovery and Well-being for People of all Ages
Access to the Right Service, Treatment, and Support
Everyone has an equal opportunity to acheive and sustain the best possible mental health
Invest Early - Focus on Children, Young People and Families
An Innovative and Collaborative Workforce

Figure 1. Interconnected strategic priorities and vision

MENTAL HEALTH PROMOTION FOR PEOPLE OF ALL AGES

In Canada, approximately 22% of the working age population (20-64 years of age) are living with a mental health problem or illness with an annual loss in productivity estimated at > 6.4 billion (MHCC, 2013 using 2011 population statistics)

It is estimated that evidence-based parenting programs (such as Triple P) can reduce the number of conduct disorder cases by 25-48% (Mihalopoulous, 2007)

In 2013, 33% of people in PEI had an income of less than $20,000 (CANSIM, 2013)

What this is about and why it is important

Mental health and mental illness are determined by many interacting social, psychological, economic, biological, and genetic factors (WHO, 2005). It is a goal of this Strategy to maximize the number of people who experience good mental health and minimize, as much as possible, the number of people who experience mental health problems or illness during their lifetime. Mental health promotion (promotion) and illness prevention (prevention) activities aim to achieve this by reducing the modifiable risk factors that contribute to poor mental health (e.g., discrimination, exposure to family violence) and enhancing the modifiable protective factors, which contribute to good mental health (e.g., physical health, adequate income, appropriate housing) (Figure 2). There is much evidence that these activities when targeted to specific populations (e.g., based on age) provided in specific settings (e.g., schools, workplaces) can have both a positive social and economic impact (WHO, 2005). In addition, not only does promotion and prevention have the potential to increase the number of people who experience good mental health, but also to ease demand for more specialized services so that they are more readily available to those who need them most (MHCC, 2012a).

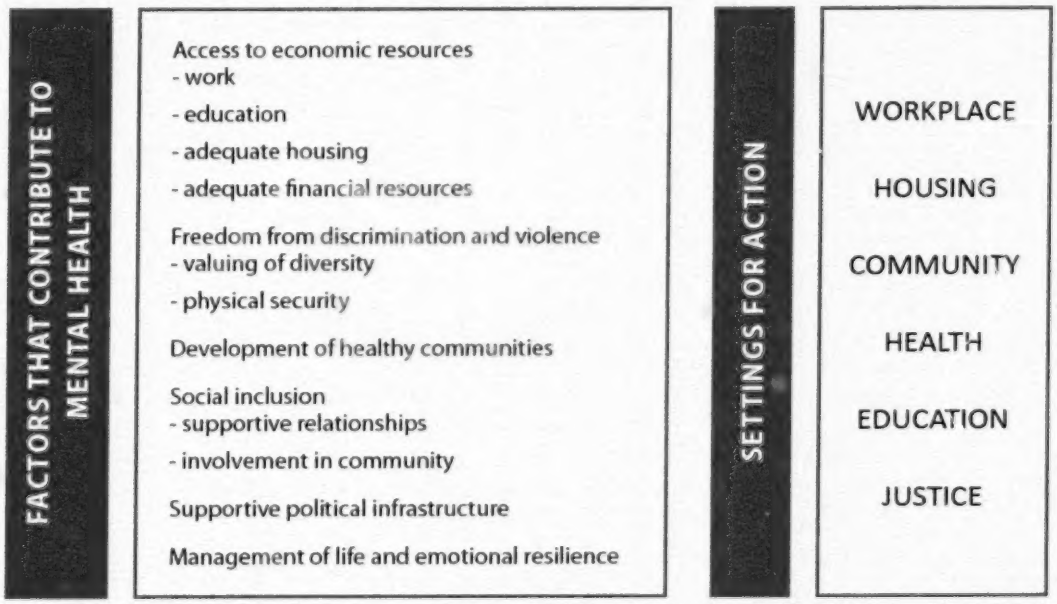


Figure 2. Some of the key individual, social, and environmental determinants of mental health and well-being (Lahtinen, Lehtinen, Riikonen, & Ahonene, 1999; VicHealth, 2005)

Challenges and Opportunities

Provincial budgets inevitably focus spending on diagnosis and treatment of mental illness. The challenge will be to find a way to ensure appropriate treatment and rehabilitation remains in place for those who need it while at the same time investing in promotion and prevention. Applying a mental health promotion and illness prevention lens to legislation and government mandates may assist with this.

The responsibility for promotion and prevention extends to all government departments, communities, individuals and their families (WHO, 2005). Treating mental health as a 'health' only issue to be addressed from health budgets will miss opportunities to impact the factors that contribute to mental health at their source (WHO, 2005). The private sector also has much to gain from investing in promotion and prevention such as reduced absenteeism, and increased productivity (MHCC, 2012b). Advancement in this area will require increased understanding of the value of mental health promotion and illness prevention and the coordinated collaborative efforts of all involved (e.g., between health, justice, education, housing, community, etc) (WHO, 2005).

PRIORITIES:	ANTICIPATED OUTCOMES:
• Legislation, policy and practices support promotion and prevention activities as being equally as important as clinical services • Evidence-based promotion and prevention activities for people of all ages focused on the determinants of mental health are advanced – at a societal level (e.g., legislation and policy), at a organizational level (e.g., workplaces, schools, long-term care), at a community level (e.g., family violence prevention efforts) and at an individual level (e.g., building resilience, supportive relationships) • Promotion and prevention activities are targeted and designed for diverse populations to address their distinct needs (e.g., migrants and refugees, older adults, forensic population, First Nations, Inuit, Metis, etc) • People responsible for promotion and prevention activities have the capability and capacity to take action (e.g., communities have the tools and resources they need such as training opportunities) • Long-term initiatives that address the determinants of mental health are progressively implemented. For example: o Create mentally healthy workplaces through implementation of the *National Standard for Psychological Health and Safety in the Workplace* (CSA-BNQ, 2013) o Implement models that promote independent living for people with serious mental illness diagnoses o Address the desperate need for affordable and safe housing faced by some vulnerable populations (e.g., adults and youth with significant mental health and behavioural difficulties, cognitive or developmental difficulties, and those involved with the justice system) o Policies and programs that minimize harm caused by substance misuse (alcohol, illicit, prescription) and improve public awareness and provider education on associated harms	❖ Greater workplace productivity and reduced absenteeism ❖ Healthier more resilient communities ❖ Improved population mental health ❖ Lower rates of some mental illnesses ❖ More people living in safe, stable homes and fewer living in hospital

ACCESS TO THE RIGHT SERVICE, TREATMENT, AND SUPPORT

In PEI (2014/15):

- **Inpatient mental health bed occupancy rates range from 92% to 103% (depending on the unit) despite optimal levels considered to be between 80%-85% for patient care and flow (HPEI)**
- **The average wait time in Community Mental Health (CMH) for adults triaged as urgent to see a psychiatrist was 75 days, and 16 days to see a mental health provider; the per cent of adult clients seen by CMH within current access standards was 57% (HPEI)**
- **Wait time for inpatient withdrawal management was 4 days and 5 days for outpatient withdrawal management (compared to 8 days and 7.5 days respectively in 2013/14) (HPEI)**

What this is about and why it is important

People living with a mental health problem or illness should be able to reliably access a full range of services, supports, and treatment options that most appropriately meet their needs, regardless of age or mental health problem or illness (MHCC, 2012a). The system as a whole should also be easy to navigate for both the person seeking assistance and those who provide it. In PEI, treatments, services, and supports are delivered by many different organizations, in many different locations, by a range of different types of service providers (e.g., psychiatrists, psychologists, social workers, nurses, peer support workers, etc). One evidence-based model used to inform planning, organization and the delivery of treatment, services and supports is the Tiered Model (or Stepped Care) (Figure 3 and 4). This model can be used to improve the flow and efficiency of services and supports across government and community sectors. It is used widely across Canada and in other countries (e.g., United Kingdom, Australia and New Zealand) and supports the evolving vision of a more collaborative, community based mental health system in Canada (NTSWG, 2008).

Tier	Eligibility	Nature of Problems	Share of Population	In Need Cost per Person	Degree of Specialization and Intensity	Degree of Integration with Community Life
TIER 5 TIER 4 TIER 3 TIER 2 TIER 1	**LIMITED** ↕ **OPEN**	**SEVERE** ↕ **AT RISK**	**SMALLEST** ↕ **BIGGEST**	**HIGHEST** ↕ **LOWEST**	**HIGHEST** ↕ **LOWEST**	**LOWEST** ↕ **HIGHEST**

Figure 3. Dimensions of the five tiers (NTSWG, 2008)

Rather than a one-size-fits-all approach, tiered-care provides people with the most appropriate and least intensive services, treatments, or supports required to meet their needs, only 'stepping up' to the next level of intensive/specialist service as clinically required. This Strategy recommends that PEI continue with its adoption of this approach within and across all sectors as rapidly as possible.

A tiered system considers the person as a whole; and is integrated both horizontally and vertically so that people can easily move from one service to the next throughout their life-course. Horizontal integration involves linking different types of care (e.g., health with social services such as justice, education, family and human services; and government services with the community services) whereas vertical integration involves linking different levels of care (e.g., primary care with acute care) (NTSWG, 2008).

Matching people to the services and level of intervention intensity that will best meet their need and strengths involves standardized screening and assessment tools, clear pathways through the system, and respecting peoples informed choice about what type of care will work best for them and their family (based on culture, gender, and/or other considerations).

For people to 'step up' and 'step down' a range of services and supports are required in all tiers, and identified service gaps should be addressed (e.g., mental health urgent care, secure care, therapeutic group homes, adult day treatment). Assessing and treating people within the province whenever possible keeps them connected to their family and support networks and reduces the need for readjustment / reintegration into their community (MHCC, 2012a).

TIER andLEVEL of RISK/NEED	WHAT IT IS ...
5 **Severe or complex**	Intensive rehabilitation and treatment, hospitalization, high degree of transitional support, and relapse prevention E.g., Secure care unit*, Hillsborough Hospital inpatient units
4 **Moderate to severe**	Mental illness with a serious impact on functioning requiring longer term or episodic multi-modal care of a specialized or intensive nature E.g., addictions transition unit, inpatient withdrawal management, inpatient mental health at Prince County and Queen Elizabeth Hospitals, adult day treatment*
3 **Moderate**	Mental illness conditions impacting functioning, increasing complexity and rehabilitative needs, intermittent or brief treatment, general outpatient counselling, and relapse prevention E.g., community mental health and addiction services, outreach mental health teams, methadone maintenance program, mental health urgent care*, psychosocial rehabilitation, therapeutic group homes*
2 **Mild**	Early identification and intervention, transient or stable mental illness, brief treatment, and supported self-management E.g., collaborative mental health in primary care, Housing First initiative
1 **Low**	Universal prevention, mental health promotion targeted at the general population and/or at risk populations E.g., Positive Parenting Program (Triple P), maternal mental health screening in public health, family violence prevention, *National Standard for Psychological Health and Safety in the Workplace**

* not currently available in PEI

Figure 4. Description of the five tiers including the types of services found within each (NTSWG, 2008)

Health systems improve when they monitor and evaluate what is being done, and openly share better ways of doing things. Improvements and innovations are maximized by good quality well organized data, that makes it possible to identify and respond to the diverse needs of specific populations with targeted services and supports (e.g., people requiring urgent care, people involved with the justice system, people at risk of suicide, and people hospitalized with severe mental illness, etc), and to anticipate future need. Taking advantage of the opportunities offered by technology to assist with information sharing is another way to improve the system. For example, a single shared care record available electronically no matter where a person accesses service provides continuity of care and ensures care decisions are being made using as much information as possible. In addition, some services, if not accessible within a reasonable distance from a person's home can be facilitated through technology like Tele-health or e-health.

Collaborative partnerships between primary care and mental health providers, including the integration of mental health services within primary care settings has been shown to improve access to care, and enhance the experience of the people seeking and receiving care (Kates et al., 2011). Collaboration between different service providers is most effective if it occurs at the clinical level (e.g., through shared service protocols between different providers) and at the organizational level (e.g., through partnerships and inter-agency agreements), and always includes the person receiving care (NTSWG, 2008). Much work in the area of collaborative mental health is already underway in PEI and it must continue to be supported, and expanded as rapidly as possible.

There will always be people living with severe or complex substance misuse and mental illness who at times will need intensive, acute and highly specialised services provided in a safe, welcoming acute care setting. There will always be a need for an adequate number of psychiatric care beds; and right now there is a need to replace Hillsborough Hospital and / or determine a better way to provide psychiatric services in existing facilities as has happened in other Provinces. However, a balance must be reached between providing services in hospital and community settings.

An effective mental health system (patient outcomes and cost) is one that primarily locates services and supports in the community (MHCC, 2012a). Increasing the availability and integration of mental health services in the community for people of all ages has been demonstrated to result in the 'anticipated outcomes' described below. Mental health depends on healthy communities that promote mental health and support people with mental illness. Herein lies the importance of strengthening the role of communities in mental health and building a robust community based mental health system that provides treatments, services, and supports.

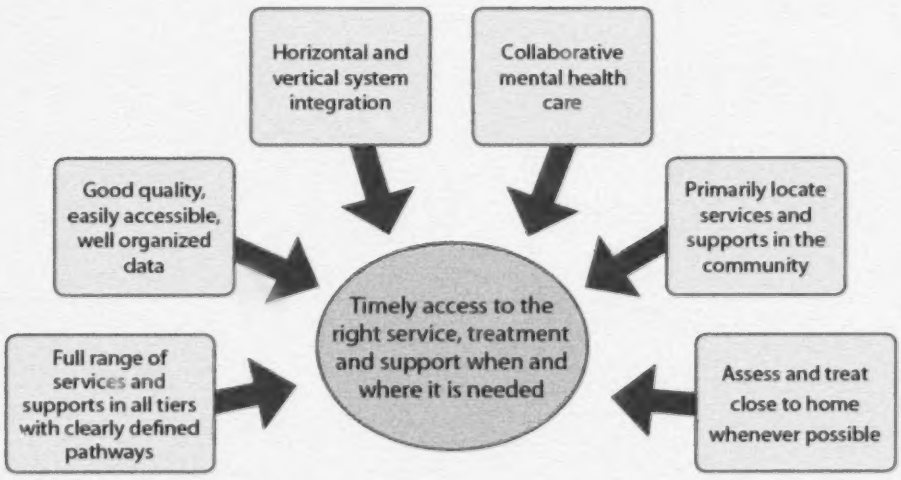

Horizontal and vertical system integration
Collaborative mental health care
Good quality, easily accessible, well organized data
Primarily locate services and supports in the community
Timely access to the right service, treatment and support when and where it is needed
Full range of services and supports in all tiers with clearly defined pathways
Assess and treat close to home whenever possible

Figure 5. Facilitators of timely access to evidence-based services, treatments, and supports, when and where a person needs it in PEI.

Challenges and Opportunities

Establishing a well integrated mental health system is an identified challenge both nationally and internationally. Globally, organizational differences in government departments has lead to breakdowns in communication, duplication, gaps in service, competition for limited resources, and ultimately the creation of a fragmented system (WHO, 2006). In PEI, integration of mental health and addiction services from an organizational perspective has occurred within the health sector. However, the integration required to achieve the Strategy vision is much more significant than mental health and addictions (CCSA, 2014). Integration can be facilitated by:

- An operating model that describes the role and purpose of all involved, and is clear about who is accountable and responsible for what (both government and community)
- Defining the culture and processes that allow people to work as a team, and providing them with the skills and resources to do so
- Determining what the barriers to linking and information sharing truly are and removing them
- Supporting leadership, capacity building, and a competency based workforce (both government and community)
- Co-location of different services wherever possible (e.g., family physicians and mental health clinicians; addiction and mental health services; mental health services and education etc)
- A single shared care record available electronically no matter where a person accesses services

If the system is to improve access and patient outcomes, all tiers require sufficient services and supports. Currently, gaps within the tiers do exist in PEI (e.g., Tier 3 – therapeutic group homes and mental health urgent care; Tier 4 – adult day treatment; Tier 5 – secure care unit), and work is underway to determine how best to proceed with closing these gaps. Shifting from reliance on hospital based mental health services toward community based services and attaining a well structured tiered model implies potential re-organization of the mental health system, not only in terms of policy but also in terms of human resources and infrastructure. Also, enabling collaborative care in a tiered system will require supporting service providers (e.g., nurses, physicians, etc) to develop the core competencies required to deliver evidence-based mental health care (CCSA, 2014). The resource implications of supporting these changes and improvements will need to be addressed in an environment where historically budgetary allocations to mental health have been relatively low compared to the need for services and support (MHCC, 2012a; WHO, 2006).

PRIORITIES:	ANTICIPATED OUTCOMES:
• Continued implementation of the tiered-care approach so that people receive the right amount of support that matches their need and wait times for appropriate care are reduced • Services for people involved with the justice system are advanced e.g., local forensic assessments, interventions, and follow-up when possible and advisable • Adequate resources are available so that there is steady growth in access to specialist services, mental health capacity building, and infrastructure in all sectors (e.g., efficient intake, assessment and treatment protocols, community capacity building, harm reduction strategies, adult day treatment, urgent care, secure care, and housing) • Publicly funded community groups form a collaborative network to make the best use of their collective resources and government creates policy that supports this joined-up approach • Inter-departmental collaboration and coordination in planning and delivery of services and supports, including development of shared protocols and policies, agreed upon care pathways, and interdisciplinary collaborative mental health care • Cost effective interventions and local expertise are developed and supported (e.g., team based specialized care is offered in a number of areas i.e., Psychosis, Mood, Anxiety, Eating, and Personality Disorders) • Cross-government, community and industry partnerships are taken advantage of to improve outcomes for all, through strong linkages between government and community for example, in the areas of housing and corrections • Innovations and best practice are rapidly shared throughout the system, and excellence and quality improvement is supported by evidence, research and evaluation • Explore diverse funding arrangements from new sources such as private and philanthropic organizations, and strengthen the role of the community by supporting innovative funding mechanisms / foundations • Resources are allocated to areas of greatest need	❖ Shorter wait times for community and hospital based services ❖ Less duplication and fragmentation of services ❖ More effective use of resources ❖ Improved evidence-based decision making ❖ Fewer hospitalizations and unplanned re-admissions ❖ Reduced gaps in services and supports ❖ More community supports for people with lived experience and their families

AN INNOVATIVE AND COLLABORATIVE WORKFORCE

There is notable demand for services in PEI, and it is expected to increase (HPEI, 2014/15):

- **2783 visits to emergency departments for mental health and addiction reasons**
- **848 admissions to inpatient mental health units**
- **4591 referrals to Community Mental Health**
- **2739 referrals to outpatient addictions programs**

What this about and why it is important

The mental health workforce includes a broad and diverse range of people (e.g., peer support workers, school staff, nurses, social workers, psychologists, psychiatrists, family physicians, youth workers, correctional officers, etc) working in a number of different settings (e.g., hospitals, community clinics, long-term care, group homes, people's homes, schools, correctional centres etc). A high performing mental health system is contingent on a capable and motivated workforce. It requires strong leadership, commitment to implement change and the active engagement of the whole-of-government, community organizations, people, and their families.

Without a sufficient number of mental health workers with the right skills and capabilities it is impossible to deliver appropriate timely services or meet the needs of people, their families, and the wider community. An effective workforce is about more than sheer numbers. It is also about providing the best and most efficient care possible via a workforce that applies evidence-based care; and a system that responds and keeps pace with the best available evidence and direction e.g., recovery-oriented, trauma and violence informed care, person- and family-centred care, tiered-care, efficient delivery, and a culturally safe and competent workforce etc.

Adopting a competency-based approach to training and professional development, that requires the mental health workforce meet a standard level of competency relative to scope of practice, is an effective strategy to enable evidence-based practice (Marrelli, Tondora, & Hoge, 2005). To achieve such a standard requires training and education opportunities be provided to the workforce as a whole. Establishing competencies within a formal system of clinical supervision has the potential to improve the quality of service and patient/client outcomes, as well as enhance recruitment and retention of a skilled workforce (Pautler & Mahood, 2004).

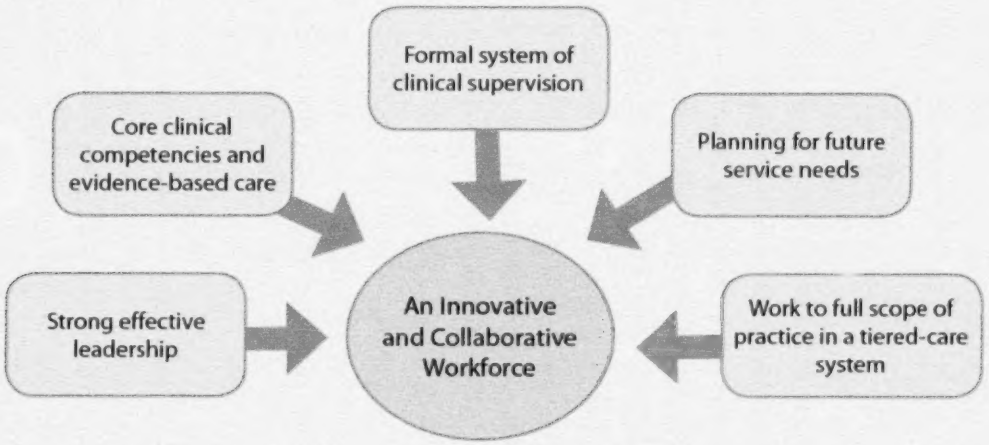

Formal system of clinical supervision
Core clinical competencies and evidence-based care
Planning for future service needs
Strong effective leadership
An Innovative and Collaborative Workforce
Work to full scope of practice in a tiered-care system

Figure 6. Key components of an Innovative and Collaborative Workforce in PEI

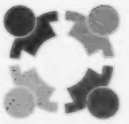
There has been a significant shift in service delivery both in Canada and internationally away from psychiatric hospitals (as much as is reasonable) toward delivery of services and supports in the community (Kates et al., 2011; MHCC, 2012a). Primary Care and Community Mental Health care providers are increasingly playing a greater role in mental health, and need to be confident and competent to deliver care to those who need it. There has also been a shift toward prevention, early intervention, recovery-oriented practice, person- and family-centred care, a harm reduction approach, and culturally safe and competent care. Continued advancement with these directions requires commitment from the workforce as a whole, including a strong community organization sector and involvement of people and their families in service planning and delivery. A well functioning workforce is centred on strong leadership, engaged management, and well designed systems. To achieve the best outcomes for the people they serve, the workforce needs to be effective and well-aligned to current and future service needs (Figure 6).

Challenges and Opportunities

Across the country and in PEI, the mental health system is experiencing a shortage of specialist mental health providers such as psychologists, and many provinces find recruitment and retention of specialists such as psychiatrists difficult. In PEI, there are also shortages of specialists trained to work with special populations (e.g., forensic clients, individuals with eating disorders and personality disorders, clients with complex anxiety or mood disorders, etc) and a shortage of people trained in specific evidence-based care (e.g., cognitive behavioural therapy, dialectical behavioural therapy, interpersonal psychotherapy, eye movement desensitization and reprocessing, etc). These challenges are not unique to health and are also experienced within education, justice, and family and human services. Also, changes in service delivery and philosophies have great implications for not only the distribution of the workforce but education and training as well. Training the workforce in core competencies will be a challenge best supported by a formal system of clinical supervision (Pautler & Mahood, 2004). Finally, increased demand for services and changing population trends (e.g., aging population, co-occurring mental illness and chronic disease) impact how and where the workforce deliver care in the future and the system will be required to rise to the challenge.

PRIORITIES:	ANTICIPATED OUTCOMES:
• A workforce development strategy is in place so that the mental health workforce is the right size and has the right make up of skilled people to deliver timely efficient evidence-based care, taking into consideration new ways of working to make the best use of the workforce, changing population needs, recruitment and retention, and future demand for services • The workforce is well supported to enhance and/or acquire the necessary range of core competencies, knowledge and attitudes to deliver evidence-based care; and education opportunities are provided to the workforce as a whole such that services are equitable (e.g., offered to community organizations and groups, First Nations, etc) • Development of a formal system of clinical supervision • Strong leadership at all levels promotes and supports necessary changes, including assisting the workforce to deal with the impact of exposure to high levels of stress, change, and trauma • Continued implementation of a tiered-care system to make the best use of specialist resources and support linkages between sectors (e.g., primary care, justice, education, community groups, etc)	❖ Better experience for people with mental health problems and illnesses ❖ Better mental health outcomes ❖ More evidence-based care ❖ Improved recruitment and retention of a skilled mental health workforce ❖ Greater workplace satisfaction for people who work in mental health

INVEST EARLY – FOCUS ON CHILDREN, YOUNG PEOPLE, AND FAMILIES



In Canada, an estimated 70% of mental illnesses begin before the age of 25, and approximately 1 in 4 young people aged 9-19 are living with a mental illness (MHCC, 2013 using 2011 population statistics)

In PEI (2014/15):

- **The wait time for a psycho-educational assessment was approximately 3.25 years (Education, Early Learning and Culture)**
- **There were 225 children in care of the province and over 3000 referrals to child protection (Family and Human Services)**
- **The average wait time was 50 days to see a psychiatrist and 25 days to see a mental health provider in CMH for youth (<18 years) triaged as urgent; the per cent of youth clients seen by CMH within current access standards was 23% (HPEI)**

What this is about and why it is important

There is strong evidence that investing in the mental health of children and young people (0-24 years of age) helps to prevent future mental illness and promotes lifelong mental health (Smith & Smith, 2010). This is reflected in the many international and national mental health strategies that identify children, young people and their families as a strategic priority (e.g., Canada, Australia, New Zealand, Ontario, Nova Scotia). The priority areas identified in Table 1, if included as part of a system response to improving the mental health of children and young people in PEI, will have a significant return on investment.

Challenges and Opportunities

The overarching challenges and opportunities in this area are very similar to those outlined in other strategic priorities, namely:

- Adequate resources required to achieve transformational change to child and youth mental health system
- Workforce (see Support and Strengthen the Mental Health Workforce strategic priority)
- Integrated system with a strong connection between departments and community
- Adequate resources in place to deal with the increase in service required to reduce wait lists and to respond to the resultant recommendations
- Creating a fully fledged evidence-based mental health collaborative team in schools, may require capacity building of existing staff, and the creation of additional clinical positions assigned to schools
- Assessment and intervention capacity building in primary care, public health, and education

Table 1. Priority areas to establish and improve the mental health of children, young people, and families in PEI

AREA	KEY COMPONENTS
Healthy Social and Emotional Development (SED)	❖ Broad population based SED initiatives for all children, young people and families as well as targeted SED initiatives for at risk groups ❖ Delivered in any setting children and young people live, play, and learn ❖ Everyone has a role to play in SED - government, community organizations, communities, and families
Access to Collaborative Evidence-Based Care	❖ Coordinated delivery of programs and services for at risk children and young people between and across government and community ❖ Delivered in convenient, familiar locations for children and their families (e.g., school or community setting) ❖ Close collaboration among multi-disciplinary team involved with the child and their family
Early Intervention	❖ Identify problems early and intervene quickly E.g., timely psycho-educational assessment, timely access to collaborative evidence-based care ❖ Close critical service gaps for vulnerable children and young people, including: ❖ Children in care of the province E.g. children in group homes, foster care ❖ Children in need who are not under the mandate of the *Child Protection Act* but are part of a high risk group due to factors known to influence mental health E.g., poverty, parents involved with the justice system, etc ❖ High needs children and youth E.g., children with complex needs, etc ❖ Culturally diverse populations E.g. refugee and newcomer infants and young children, First Nations, Inuit, Metis, etc ❖ Children and youth at key transition points in the system E.g., from child to adult services

(Durlak, Weissberg, Bymnicki, Taylor, & Schellinger, 2011; Kutcher & McLuckie, 2010)

PRIORITIES:	ANTICIPATED OUTCOMES:
• Provide collaborative evidence-based mental health services for children and young people in the communities in which they live, in locations that are easily accessible E.g., in schools • Close critical service gaps for vulnerable children and young people and provide evidence-based timely culturally safe and competent services E.g., children and youth requiring a psychological assessment or a psychiatric consultation, children in need who are not under the mandate of the *Child Protection Act* • Government and community partners work together to develop and deliver evidence-based programs that foster the social and emotional development of children and young people and support parents and families • Continue to build capacity within primary care, public health, education, and the community to respond to emerging mental health issues for children, young people and families • Continuum of evidence-based education, promotion and prevention approaches for youth mental health and substance use issues	❖ More children and young people with mental health problems and illnesses will be identified earlier and receive appropriate services and supports ❖ Less duplication of services ❖ Better transitions in care ❖ More evidence-based care for children and young people ❖ Improved child and youth social and emotional development ❖ More resilient communities ❖ Fewer adults with mental illness ❖ Reduced service gaps for children and young people ❖ Shorter wait times for assessments and interventions for children and young people

FOSTER RECOVERY AND WELL-BEING FOR PEOPLE OF ALL AGES

In Canada:

- **In any given year 1 in 5 people will experience a mental health problem or illness** (MHCC, 2013)
- **Approximately 12% of the population is affected by mood and anxiety disorders** (> 4 million people) (MHCC, 2013 using 2011 population statistics)

In PEI:

- **22% of social assistance clients self identified as having mental health problems** (Family and Human Services, 2015)
- **During a recent point in time caseload review 37% of people who were homeless were in a mental health, addiction or correctional facility** (Report on Homelessness, 2015)

What this is about and why it is important

The MHCC define recovery as "living a satisfying, hopeful, and contributing life, even when there are on-going limitations caused by mental health problems and illnesses" (MHCC, 2012a, p.15). People with mental illness can achieve good mental health when systems are recovery-oriented. Providing the right combination of evidence-based recovery services, treatments, and supports helps people to live a meaningful life in their community, and realize their full potential (MHCC, 2012a, 2015). Recovery as a strategic priority is complementary to mental health promotion. That is, to achieve the Strategy vision, the system as a whole requires both be recognized as priorities (MHCC, 2012a).

Recovery-oriented practice applies to people of all ages and respects the diverse needs of everyone living in PEI. A recovery-oriented system is not only sensitive to the attitudes, beliefs, values and practices of individuals but it also accounts for differences in culture, sexual orientation, gender, and religion etc. It recognizes that people's concepts of health, illness, and recovery vary. It seeks to eliminate power imbalances between genders, ethnicity, and culture, recognizes the impacts of institutional discrimination, and encourages provider self-reflection to achieve increased safety in their practice. Finally, the recovery process builds upon individual, family, cultural, and community strengths (MHCC, 2009, 2012a, 2015).

There is a great deal of evidence to support recovery as a strategic priority (see 'anticipated outcomes' below), and parts of the system (both government and community organizations) are already recovery-oriented. Continuing with the establishment of a recovery-oriented system aligns with what was heard as necessary to achieve the Strategy vision. Essential facilitators of a recovery-oriented system from a PEI perspective and examples are identified in Table 2.

Challenges and Opportunities

Recovery and well-being are recognized as an integral part of mental health, which is reflected in many national and international strategies (Canada, New Zealand, Australia, Nova Scotia). What is also recognized is that shifting culture and practice in the mental health system toward recovery and well-being takes time and sustained action at the societal, organizational, community, and individual level (MHCC, 2012a). Guidelines, indicators, core clinical competencies, standards, on-going training and education, leadership, policies, as well as legislation all play a role in establishing a recovery-oriented system (MHCC, 2012a). Recovery is a journey not only for people living with mental illness and their families but for everyone involved in providing support and service.

Table 2. Facilitators of a recovery-oriented system from a PEI perspective and examples

FACILITATORS OF A RECOVERY-ORIENTED SYSTEM	RECOVERY INTO PRACTICE EXAMPLES
Service providers emphasize people's strengths, partner with them in their recovery journey, and tailor services and supports to meet their needs	• Person- and family-centred care • Integrated services • Evidence-based harm reduction programs
Value lived experience	• Standardized evidence-based peer support programming • People with lived experience actively involved in the planning of programs, services, and quality improvement initiatives alongside service providers
Respect diversity and provide culturally responsive, safe, and competent care	• Gender and diversity analysis informs programs and policies • Evidence-based cultural safety and competency training for all service providers • First Nations Mental Wellness Continuum Framework (AFN, 2015)
Acknowledge people's past and present circumstances	• Truth and Reconciliation Commission of Canada call to action (TRC, 2015) • Provide trauma and violence informed care
Address stigma and discrimination	• Evidence-based targeted anti-stigma education for all service providers
Protection of vulnerable populations through legal advocacy	• Independent officer of the Legislature to investigate complaints, recommend improvements, and resolve individual issues for vulnerable populations (i.e., Ombudsman, Child and Youth Advocate, Mental Health Advocate)
Legislation and policy upholds people's basic civil, political, economic, social, and cultural rights	• Review and make any necessary changes to legislation or policy so people are not adversely affected e.g., *Mental Health Act*; provisions for children in need who are not under the mandate of the *Child Protection Act*
Assist people to live independently through adequate recovery supports, especially in the community	• Access to financial assistance and affordable most effective medication when necessary • Adequately resourced community supports: housing, employment services, psychosocial rehabilitation, etc • Innovative funding mechanisms / foundations that support recovery in the community

(MHCC, 2009, 2012a, 2015)

PRIORITIES:	ANTICIPATED OUTCOMES:

• Policy and practices are recovery-oriented so that people of all ages have their recovery supported at every point of contact and are able to reach their personal and clinical recovery goals. Shifting toward a recovery-oriented system would be assisted by adoption of:
  • MHCC Guidelines for Recovery-Oriented Practice (2015)
  • The PEI facilitators of a recovery-oriented system identified in Table 2
  • Education and training for service providers in recovery-oriented approaches
	❖ More people with mental health problems and illnesses integrated in their communities
	❖ Fewer repeat emergency department visits and unplanned hospital re-admissions
	❖ Less stigma and discrimination in public services
	❖ More people with mental health problems or illness reaching their recovery goal
	❖ Reduced severity of symptoms
	❖ Better self-management of illness
	❖ Improved quality of life for people with a mental health problem or illness and their families

MAKING THE STRATEGY VISION HAPPEN

What is Being Done Now

Improving supports and services for mental health and addictions has been a long-standing government priority. During the time taken to develop the directional guidance in this Strategy, work to improve the mental health and addiction system has been ongoing. There are many caring committed people working in the community, for government agencies, and departments; and important work is already underway in every one of the strategic priorities identified here. These include but are not limited to:

- HPEI plans to expand the Seniors Mental Health Resource Team so it will be Island wide
- HPEI are now providing the Strongest Families telephone intervention program for children with anxiety and behavioural difficulties
- Community Reinforcement and Family Training (CRAFT) was provided to staff so that they can better support individuals who have a family member with addiction that is reluctant to engage in treatment
- HPEI is in the process of establishing increased services for youth including: a community based Behavioural Support Team for children and families; community based adolescent mental health day treatment; and increased inpatient services for youth
- The Department of Family and Human Services has increased provision of supported housing in the community and will be developing a Provincial Housing Strategy to align the supply of public housing with the current and expected future needs of Prince Edward Island
- The Department of Education, Early Learning and Culture has been supporting schools in their efforts to implement the Comprehensive Counselling Program and develop a protocol for psycho-educational consults which allows for earlier consultation with psychology
- The Department of Justice and Public Safety is spear heading the development of a multi-agency initiative that will bring human services providers together in a new way, with a focus on those experiencing acutely elevated levels of risk. The Bridge is a collaborative and time sensitive intervention which will connect individuals and families to services and offer supports
- The Triple P Initiative offers support to parents with participation from HPEI, four social departments, and community organizations
- The PEI Canadian Mental Health Association is actively engaged in suicide prevention and the Housing First initiative

Turning Priorities into Action

It will take time to transform mental health and this Strategy has a 10 year outlook. The mental health and addictions system has many stakeholders and it is important that there is clarity about what happens and when, and who will be responsible. Turning priorities into action, monitoring progress, and being accountable to the people of PEI requires a coordinated, deliberate, and informed planning and monitoring approach. In the first next steps of this Strategy a clear set of actions or areas to focus investment and effort over the next two years will be developed through guidance and expertise from senior leadership, service providers, and people with lived experience. An evaluation plan will also be developed to see that progress is made, targets are met, and outcomes are achieved. The action plan will be updated every two years and serve as a guide for those working in mental health to support the planning and prioritization required to achieve the Strategy vision.

CONCLUSION

Moving Forward Together takes a comprehensive view to transform the PEI mental health system with vision, priorities, and strategies for change. Many of the concepts presented are not new (e.g., tiered care, recovery-oriented system), they reflect what is considered best practice, was heard through many consultations, and what is recognized as key to achieving the Strategy vision. Investing more in mental health and using existing resources as efficiently as possible will enable the sustainability of an evidence-based mental health system.

The five strategic priorities are intended to provide a blueprint for change, to create an environment where:

- People with lived experience of mental illness are accepted and supported
- Everyone works together so that all people regardless of age receive the mental health services they need as soon as they need them
- Service providers are well supported by strong leadership and accountability, and have the tools/skills they need to provide evidence-based treatment and service
- Recovery, mental health promotion, and illness prevention are recognized as complementary and essential to building strong healthy communities
- Children and young people are provided with the skills and support they need to grow into resilient mentally healthy adults

This Strategy is intended to help people and their families, community organizations, and government come together to achieve a bright future. People in PEI are known for their generosity and strong sense of community, evident in the many community organizations and groups of families and friends that come together in tough times to support neighbours. PEI has a unique opportunity to transcend a government focused approach and truly engage all people living in PEI to effect change. There is great reason to be hopeful. Let us *Move Forward Together.*

APPENDICES

Appendix A. Acknowledgements

There were a great many people who contributed to the development of this Strategy and a tremendous thanks goes to them all.

The Mental Health and Addictions Advisory Council members provided valuable guidance and advice, and their work was foundational in the development of this Strategy. During the course of our work together, the Council was saddened by the sudden death of Diane Kays. She was amazing and we were so fortunate to have had her with us. She will be missed by so many people and organizations, as she was generous with her time and talents.

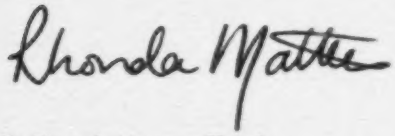
Thanks also to the members of the Internal Working Group, who met regularly and provided feedback that was instrumental in the formation of this Strategy.

Thanks to the many organizations and groups that met with me and my team to inform us about the quality services that are currently provided, as well as the gaps and opportunities for improvement. There are so many caring and dedicated people who make our Island a better place and for whom, a commitment to do more is firmly embedded.

Thanks to the committed and talented individuals within my office who contributed to this Strategy. Without you, this would not have been possible.

And thanks most of all, to the many people and their families with lived experience, who shared their stories and their insights. They are what this Strategy is about and for whom this Strategy was developed.

I am hopeful that together we can all move forward to ensure that everyone living in Prince Edward Island has the opportunity to achieve the best possible mental health and well-being.



Dr. Rhonda Matters CPsych
Chief Mental Health and Addictions Officer

The Mental Health and Addictions Advisory Council members provided valuable guidance and advice, and their work was foundational in the development of this Strategy.

Appendix B. Members of the Mental Health and Addictions Advisory Council

GOVERNMENT	COMMUNITY
Dr. Rhonda Matters, Chief Mental Health and Addictions Officer, Health and Wellness	Mr. Reid Burke, Executive Director, PEI Canadian Mental Health Association
Ms. Brooke Mitchell, Operations, Programs, and Security Manager, Justice and Public Safety	Dr. Philip Smith, Professor, University of Prince Edward Island
Ms. Cynthia Fleet, Superintendent of Education, English Language School Board	Ms. Rosanne Sark, Director of Health, MCPEI
Ms. Rhea Jenkins, Director of Social Programs, Family and Human Services	Ms. Rose Barbour, Lay Representative
Deputy Minister Michele Dorsey, Justice and Public Safety	Mr. Wade MacRae, National Native Alcohol and Drug Program Counsellor
Dr. Nadeem Dada, Executive Director of Medical Affairs, Health PEI	Ms. Diane Kays, PEI Advisory Council on the Status of Women
Pamela Trainor, Executive Director of Acute Care and Mental Health, Health PEI (adhoc member)	Ms. Amanda Brazil, Director of Program and Policy, PEI Canadian Mental Health Association (adhoc member)
Support: Dr. Therese Harper and Kathleen Brennan, Policy and Planning Analysts in the Chief Mental Health and Addictions Office	

Position titles were accurate during the time of Advisory Council tenure

Appendix C. Glossary

Clinical supervision is a disciplined, evaluative, tutorial, supportive process where a senior member of a profession enhances the professional functioning of a junior member of a profession by monitoring the quality of the professional services provided to the client (Powell & Brodsky, 2004).

Collaborative care is when service providers from different specialties or sectors work together to offer complementary services and support the person as a whole.

Core competency is the integration of core knowledge into clinical practice.

Cultural safety and competency involves becoming as informed as possible about the people being served and the conditions that influence their lives to foster awareness, sensitivity, competence, and cultural safety in the practice environment.

Determinants of mental health are factors that strongly influence mental health and wellness, and include factors such as education, employment, income, social and physical environments, and personal health practices.

Evaluation involves the systematic assessment of the design, implementation, and outcomes related to services and programs. Methodical, credible, impartial evaluation is a key component of all learning and decision making. In order for an evaluation to truly inform decisions it must be more than evaluating a process, or client/provider/family satisfaction, it needs to include a measure of fidelity and outcomes related to the people served (CES, 2015).

Evidence-based care involves applying the best available research results (evidence) when making decisions about health care. Care providers who apply an evidence-based approach use research evidence along with clinical expertise and patient preferences (Jacobs, Jones, Gabella, Spring, & Brownson, 2012).

Equity and equality in mental health are two different but related concepts. Equity involves provicing people with the services they need in order for them to have an equal opportunity to achieve and maintain mental health. Equity is fair and just. Equality on the other hand involves giving everyone the same services. Equality is only fair and just if everyone starts from the same place and needs the same things, which is not the case when peoples distinct circumstances are considered (e.g., gender, sexual orientation, culture, income, etc).

Harm reduction involves any evidence-based program or policy designed to reduce drug related harm without requiring complete cessation of drug use. Harm reduction may be considered the best alternative when treatment, prevention or criminal sanctions have not been effective (CAMH, 2002).

Integrated care is when the services a person may require are well linked so that they can easily move between them.

Lived experience is having first-hand knowledge of a mental health or addiction difficulty.

Mental health problems and illnesses "range from more common mental health problems and illnesses such as anxiety and depression to less common problems and illnesses such as schizophrenia and bipolar disorder" (MHCC, 2012, p14).

Person-and family-centred care meets the specific needs of the individual and their families and gives them the best opportunity to lead the life that they want. A person and family focused approach recognises that the person is an equal partner in planning their care, contributes to the development of services, respects choice, and recognizes personal values. Family can include anyone who provides care and support in the recovery process.

Psycho-educational assessment is an assessment completed by a psychologist or psychological associate that provides information about a child's cognitive, academic, behavioral and mental health functioning. It provides intervention recommendations that are specific to the child's strengths and weaknesses, so that they may reach their full potential.

Psychosocial rehabilitation focuses on helping individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning and social environments of their choice and include a wide continuum of services and supports (PRC, 2015).

Recovery refers to living a satisfying, hopeful, and contributing life, even with ongoing limitations from mental health problems and illnesses. It refers to a process or journey of healing in which to the greatest extent possible people are empowered to make informed choices about the services, treatments and supports that best meet their needs. A recovery oriented mental health system is organized to support and sustain people through this journey (MHCC, 2015).

Resiliency refers to a person's ability to recovery from difficulties they may experience.

Scope of practice refers to the procedures, actions, and processes that a service provider is permitted to or should be engaging in.

Shared care is integrated health care delivery in which those who support the same individual work in partnership to provide services to the individual and their family (Kates et al., 2011).

Social-emotional development refers to helping children and youth develop a sense of belonging, good relationships and good physical health. This is achieved by providing children and their families with the tools to build resilience, develop good problem solving skills, and the ability to establish and recognize positive and rewarding relationships with others.

Stigma is a negative belief system that results in discriminatory behaviours which can lead to harmful attitudes and unfair treatment (MHCC, 2012a).

Trauma and violence informed care involves understanding, recognizing, and responding to the effects of all types of trauma when treating people so as to avoid re-traumatization of people seeking service.

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